



Data Quality: UBO & The Revenue Cycle

March 2010

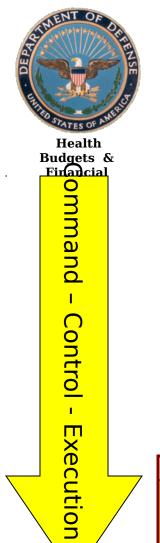
TMA Uniform Business Office (UBO)
Program Manager



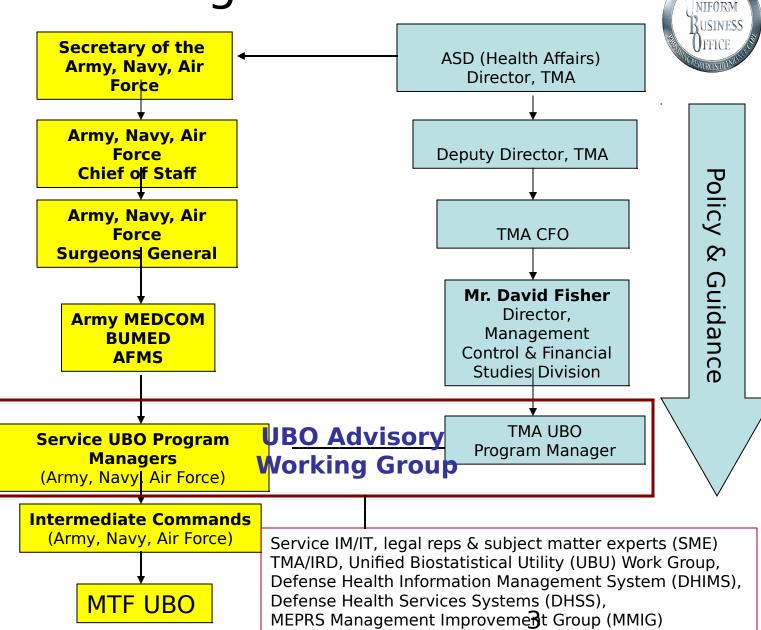
Outline



- **™**Uniform Business Office (UBO) Organization
- UBO Cost Recovery Programs
- MHS Billing Systems
- MTF Revenue Cycle
- Data Quality and How it Affects Each Phase of the Revenue Cycle
- UBO Success Factors
- Resources



UBO Organization Chart





UBO Cost Recovery Programs



Third Party Collections Program

(TPCP)



Medical Affirmative Claims (MAC)



Budgets &

Who Gets Billed Under Which Cost Recovery Program?



- Polity hird Party Collections Program
 - Bill insurers for care provided to <u>eligible DoD</u> <u>beneficiaries</u> (excludes Active Duty) with other health insurance (excluding Medicare & TRICARE)
- Medical Services Account
 - Includes billing for care provided to eligible patients from Veterans Affairs/Coast Guard /NOAA/ PHS/Civilian Emergencies/Foreign Military & their Family Members
- Medical Affirmative Claims
 - Bill for care provided to <u>eligible DoD beneficiaries</u> injured by third parties



Collections by UBO Cost Recovery Program



- Third Party Collections Program (TPCP)
 - \$241M (FY 2009)
- Medical Services Account (MSA)
 - \$207M (FY 2008)
- Medical Affirmative Claims (MAC)
 - \$16M (FY 2008)
- ALL funds collected are retained by <u>your</u> MTF
 - TPC funds are <u>in addition to</u> the MTFs O&M budget



Direct Care TPCP FY05 - FY09 **4th Qtr - Billed & Collected (**\$



Health Budgets & Financial

Millions)

Policy										
Service	FY05		FY06		FY07		FY08		FY09	
	Billed -	Collected	Billed –	Collected	Billed -	Collected	Billed -	Collected	Billed –	Collected
Outpatient										
Army	\$ 48.60	\$ 24.70	\$ 47.50	\$ 23.70	\$ 85.20	\$ 39.00	\$ 105.30	\$ 54.80	\$ 118.20	\$ 66.80
Navy	\$ 24.20	\$ 13.40	\$ 22.20	\$ 12.30	\$ 45.10	\$ 21.60	\$ 53.60	\$ 30.60	\$ 57.50	\$ 34.80
Air Force	\$ 70.20	\$ 26.10	\$ 79.90	\$ 28.60	\$ 177.90	\$ 59.00	\$ 206.40	\$ 80.70	\$ 218.60	\$ 92.60
Total	\$143.00	\$ 64.20	\$149.60	\$ 64.60	\$ 308.20	\$119.60	\$ 365.30	\$166.10	\$ 394.30	\$ 194.20
Inpatient										
Army	\$ 39.30	\$ 21.40	\$ 43.60	\$ 20.20	\$ 54.40	\$ 21.40	\$ 58.30	\$ 24.30	\$ 57.50	\$ 28.90
Navy	\$ 20.10	\$ 9.40	\$ 17.10	\$ 7.10	\$ 20.80	\$ 7.10	\$ 23.20	\$ 8.50	\$ 18.80	\$ 7.60
Air Force	\$ 26.70	\$ 11.30	\$ 23.50	\$ 11.20	\$ 26.20	\$ 11.70	\$ 27.00	\$ 11.10	\$ 25.40	\$ 10.00
Total	\$ 86.10	\$ 42.10	\$ 84.20	\$ 38.50	\$ 101.40	\$ 40.20	\$ 108.50	\$ 43.90	\$ 101.70	\$ 46.50

^{*}NOTE: Collected includes dollars for healthcare services provided in previous FYs and may exceed

current FY billings.

Data source: MTF DD 2570 as reported to the TMA UBO Metrics Reporting System



Direct Care TPCP FY06 - FY10



Health Budgets & Financial Policy

1st Qtr - Billed & Collected (\$

Millions)

Service	FY	′06	F	Y07	F	Y08	F۱	Y09	F	Y10
	Billed	Collected	Billed	Collected	Billed	Collected	Billed	Collected	Billed	Collected
Outpatient										
Army	\$ 7.50	\$ 6.40	\$ 13.40	\$ 8.10	\$ 13.00	\$ 12.50	\$16.70	\$ 15.60	\$ 17.20	\$ 19.00
Navy	\$ 3.10	\$ 3.50	\$ 6.10	\$ 4.30	\$ 7.90	\$ 7.20	\$ 7.60	\$ 8.50	\$ 7.60	\$ 9.10
Air Force	\$ 13.60	\$ 7.60	\$ 35.50	\$ 11.00	\$ 33.40	\$ 17.30	\$43.10	\$ 19.70	\$ 41.70	\$ 22.70
Total	\$ 24.20	\$ 17.50	\$ 55.00	\$ 23.40	\$ 54.30	\$ 37.00	\$67.40	\$ 43.80	\$ 66.50	\$ 50.80
Inpatient										
Army	\$ 7.80	\$ 4.40	\$ 6.70	\$ 3.50	\$ 11.50	\$ 5.10	\$ 7.90	\$ 7.90	\$ 0.20	\$ 4.50
Navy	\$ 3.90	\$ 2.00	\$ 3.60	\$ 2.20	\$ 3.90	\$ 1.70	\$ 2.20	\$ 1.80	\$ 1.90	\$ 1.70
Air Force	\$ 3.80	\$ 2.80	\$ 3.30	\$ 2.00	\$ 4.90	\$ 2.50	\$ 3.80	\$ 1.60	\$ 0.40	\$ 3.50
Total	\$ 15.50	\$ 9.20	\$ 13.60	\$ 7.70	\$ 20.30	\$ 9.30	\$13.90	\$ 11.30	\$ 250	\$ 9.70

current FY billings.

Data source: MTF DD 2570 as reported to the TMA UBO Metrics Reporting System

^{*}NOTE: Collected includes dollars for healthcare services provided in previous FYs and may exceed



Top Three MTFs by Service for Inpatient TPCP Collections



Health Budgets & Financial Policy

FY 2010 Collected Through 1st Quarter

		Inpatient
Service	Facility	Collections
Army	Washington D.C. (Walter Reed Army Medical Center)	\$1,206,435
Army	Ft. Lewis (Madigan Army Medical Center)	\$931,929
Army	Ft. Sam Houston (Brooke Army Medical Center)	\$786,407
Navy	NNMC Bethesda	\$608,784
Navy	NMC Portsmouth (VA)	\$541,840
Navy	NMC San Diego	\$212,332
Air Force	Lackland AFB (59th Medical Wing)	\$2,217,382
Air Force	Wright Patterson AFB (88th Medical Group)	\$315,738
Air Force	Nellis AFB (99th Medical Group)	\$243,804

Data Source: MTF DD Form 2570 submissions to the TMA UBO Metrics Reporting System



Top Three MTFs by Service for Outpatient TPCP Collections



FY 2010 Collected Through 1st

MISTAL						
Service	Facility	Outpatient Collections				
Army	Ft. Belvoir (Dewitt Army Community Hospital)	\$1,758,758				
Army	Redstone Arsenal (Fox Army Health Clinic)	\$1,578,563				
Army	Ft. Sam Houston (Brooke Army Medical Center)	\$1,495,948				
Navy	NH J acksonville	\$2,265,246				
Navy	NMC Portsmouth (VA)	\$931,877				
Navy	NH Bremerton	\$758,159				
Air Force	Elmendorf AFB (3rd Medical group)	\$2,065,325				
Air Force	Wright Patterson AFB (88th Medical Group)	\$1,873,636				
Air Force	Lackland AFB (59th Medical Wing)	\$1,459,557				

Data Source: MTF DD Form 2570 submissions to the TMA UBO Metrics Reporting System



Top Ten MTFs for Total TPCP Collections in FY 2010 Collected Through 1st Quarter



Service	Facility	Total Collections
Air Force	Lackland AFB (59th Medical Wing)	\$3,676,939
Navy	NH J acksonville	\$2,394,431
Army	Ft. Sam Houston (Brooke Army Medical Center)	\$2,282,355
Air Force	Elmendorf AFB (3rd Medical group)	\$2,204,553
Air Force	Wright Patterson AFB (88th Medical Group)	\$2,189,374
Army	Washington D.C. (Walter Reed Army Medical Cente	\$2,169,278
Army	Ft. Shafter (Tripler Army Medical Center)	\$1,865,562
Army	Ft. Belvoir (Dewitt Army Community Hospital)	\$1,774,584
Army	Ft. Lewis (Madigan Army Medical Center)	\$1,720,077
Army	Redstone Arsenal (Fox Army Health Clinic)	\$1,578,563

Data Source: MTF DD Form 2570 submissions to the TMA UBO Metrics Reporting System



Collections Per Non-AD Disposition and Visit



Total Inpatient Collections per Non-Active-Duty Disposition

Service	FY2005	FY2006	FY2007	FY2008	FY2009	FY2010
Army	\$250.07	\$154.85	\$145.48	\$206.39	\$316.03	\$175.41
Navy	\$129.75	\$128.53	\$150.31	\$119.61	\$135.94	\$122.44
Air Force	\$186.84	\$169.49	\$234.80	\$287.72	\$181.26	\$386.14
Total	\$198.33	\$152.08	\$163.09	\$195.32	\$240.09	\$199.58

Total Outpatient Collections per Non-Active-Duty Visit

Service	FY2005	FY2006	FY2007	FY2008	FY2009	FY2010
Army	\$3.41	\$3.85	\$4.53	\$7.19	\$9.68	\$12.07
Navy	\$1.73	\$3.75	\$4.13	\$7.91	\$5.45	\$9.48
Air Force	\$3.64	\$9.53	\$12.68	\$19.96	\$22.85	\$27.66
Total	\$2.75	\$5.15	\$6.33	\$10.53	\$10.86	\$15.14



Financial

MHS Billing Systems



- ***Third Party Outpatient Collection System
 - Government developed system for billing <u>outpatient</u> TPCP (includes outpatient visits, lab/rad/pharmacy prescriptions)
- CHCS Medical Services Account (MSA) Module
 - Government developed module used for billing TPCP inpatient claims (both institutional & professional charges) & MSA
- Relationship to other systems
 - Provider Specialty Codes
 - Collection of other health insurance (OHI) information in CHCS
 - Centralized OHI Repository on DEERS

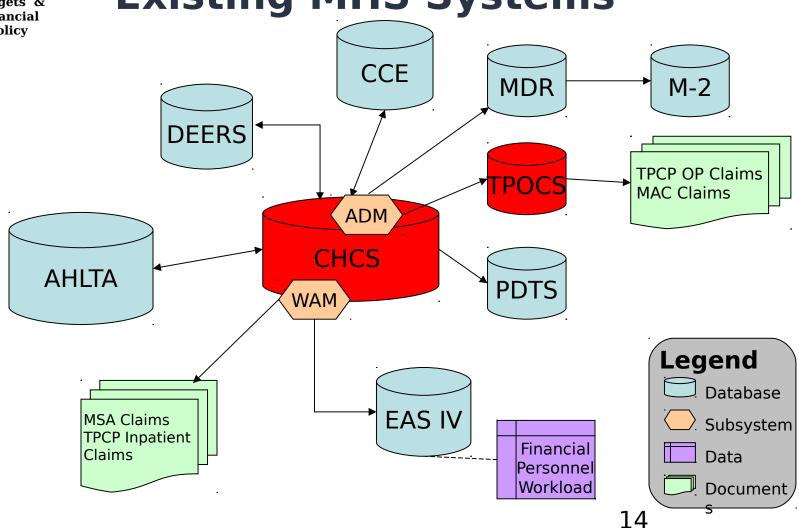


Billing/Collections



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Existing MHS Systems





Budgets &

Future MHS Billing Systems



- Patient Accounting System (PAS) Charge Master Based Billing (CMBB) was planned to replace TPOCS and CHCS MSA Module for TPC, MSA & MAC billing
 - A \$42.0M contract was awarded in September 2006
 - Numerous problems were encountered during systems integration
 - Services voted in June 2007 to not to support FY 2008 funding and <u>cancel CMBB</u> due to functional shortcomings
 - Use of a central database (e.g., MDR) to provide billing information for use by the Services is being studied



Future High-Level Billing and Collection Solution



- ୯୯୪llect and process appropriate data into a Central Billing Events Repository (CBER)
 - Use existing/updated data feeds between MHS source systems and the MHS Data Repository (MDR).
 - Supplement these feeds as needed.
 - Leverage existing infrastructure and processes to the greatest extent possible.
 - Place TPC, MSA, and MAC related data in the CBER.
 - CBER will include Billing Rate Tables, Reference Files, and HIPAA 837-I, 837-P, and NCPDP D0 Files.
- Services will have access to the CBER information in various ways and have the flexibility to conduct billing and collections operations as they see fit



Proposed Schedule of Events



March 2009

HA/TMA identify data and method to make it available for

bill

August 2009

Services present decision and implem/entation timeling to CFOIC

TBD (NLT Oct 2013)

Sunset TPOCS

June 2007

CMBB Canceled

May 2009

BPMB recommend what/if changes to be made to TPOCS December 2009 **July 2011**

CONOPS Released CBER phase 1



Data Quality Characteristics

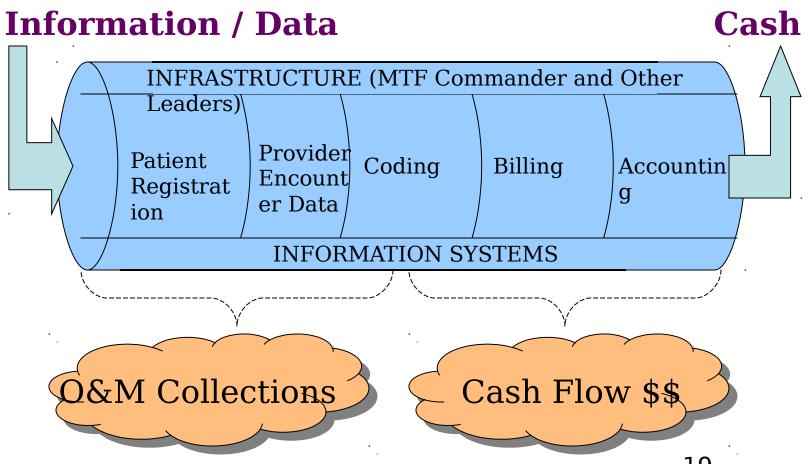


- Accurate
- Complete
- Concise
- Cost-effective
- Relevant / Timely / Up-To-Date
- Presentation
- Consistent



MTF Revenue Cycle





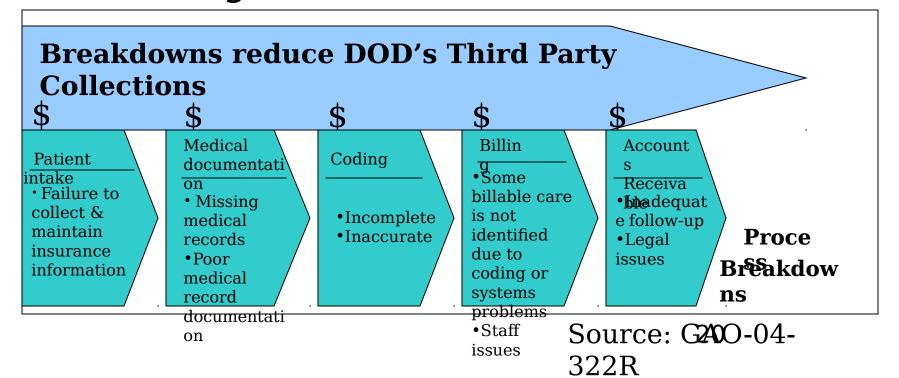


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GAO Report Findings



•PolResults from a February 2004 GAO report identified breakdowns in each phase of the revenue cycle and the resulting adverse effects on collections





Patient Registration

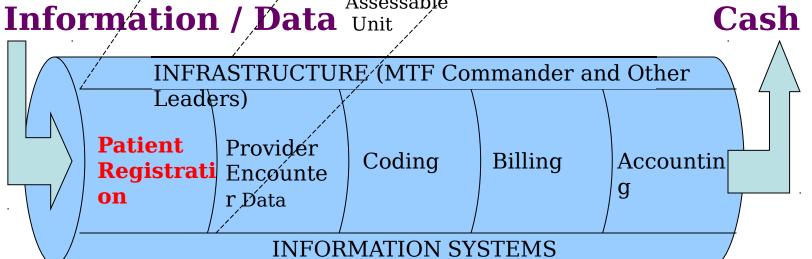






- PATCAT Entry
- •Collection & Validation of OHI
- •DQMC

Assessablé





Importance of <u>Accurate</u> PATCAT Entry



- Patient Category (PAT) determines the reimbursable rate (if any) for healthcare
 - Over 300 PATCATs to select from
- Challenge of Patients with Multiple PATCATs
 - Spouse of AD Member who is a Reservist and employed as a Federal Employee
- Whose responsible for training/accuracy?



Training for Selecting the Correct PATCAT



 PATCAT course now available via the TMA UBO website

 http://www.tricare.mil/ocfo/mcfs/ubo/learning_ center/ training.cfm



Medical Affirmative Claims (MAC)



- Are all patient injuries being identified for JAG review as possible MAC cases?
 - Active Duty Included
- Is anyone training your intake personnel to identify potential MAC claims?
 - If no one is responsible then it's not getting done
- How much is your MTF losing in unidentified MAC cases?



Other Health Insurance (OHI) Information



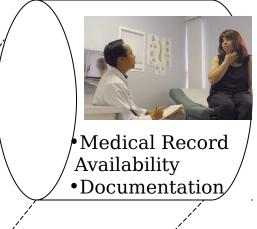
- Use DD Form 2569 to capture OHI information about your patients
 - All Non-Active Duty Patients required to complete it every 12 months or if data changes
 - OHI needs to be entered into CHCS or it "doesn't exist" for billing purposes
 - Direct correlation between presence of a current DD Form 2569 in patient record and rate of TPC billing
 - Reported monthly in Commander's DQ Report



Provider Encounter Data







INFRAS/TRUCTURE (MTF Commander and Other Leaders) Patient Registration Provide Encount er Data INFORMATION SYSTEMS



CHCS Provider Specialty Codes (PSC)



- Set of codes unique to CHCS
- Current business rules preclude TPOCS from receiving ADM encounters with blank PSCs or PSCs > 900
 - (exception of 901 Physician Assistant)
 - 702 (Clinical Psychologist) versus 954 (Psychology)
- Site visit to large medical center found 20% of PSCs fields were blank
 - Billable ADM encounter never reach TPOCS



Financial

Correcting the CHCS Provider Specialty Codes (PSC)



- Get your site's most current CHCS Provider Profile and review the PSC fields for accuracy
 - No blank fields
 - Billable providers have PSC under 900 (plus 901 Physician Assistant)
- Determine whose responsible for maintaining the PSC fields and TRAIN THEM!!!
- Periodically review the PSC fields to make sure the problem really has been <u>permanently</u> fixed



Financial Policy

National Provider Identifier (NPI) Type 1

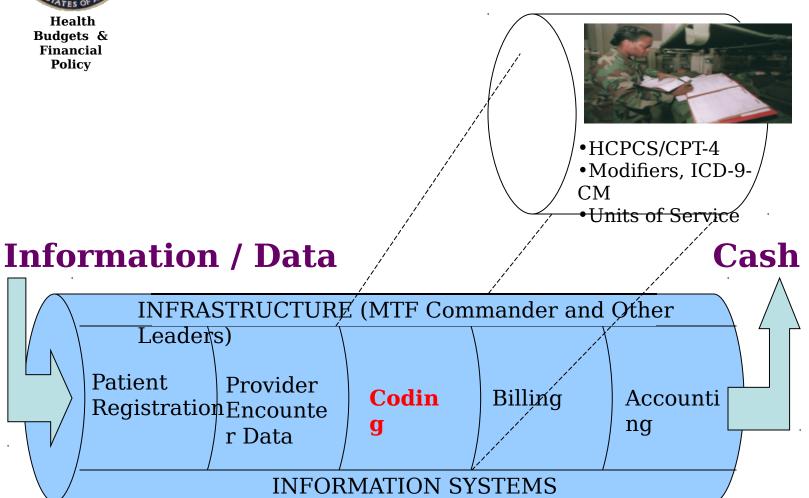


- Every provider who can bill for healthcare services is required to have one
- 23 May 2007 was the deadline for MHS providers to obtain their own unique NPI Type 1
- Active Duty Statistics as of 22 May 2008
 - Actual/Required (% Achieved)
 - Army 14,053/11,697 (120%)
 - Navy 9.288/8,864 (105%)
 - Air Force 8,220/7,850 (105%)
- Are all of your providers NPI Type 1s in CHCS?
 - No NPI = No Payment from Insurance Companies



Coding



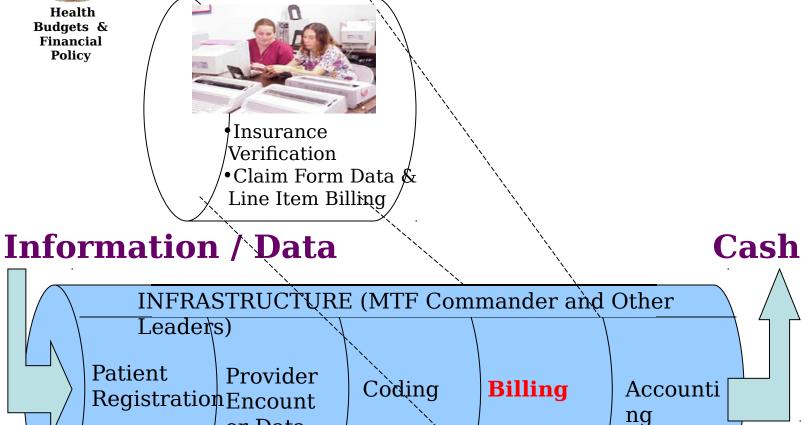




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Billing



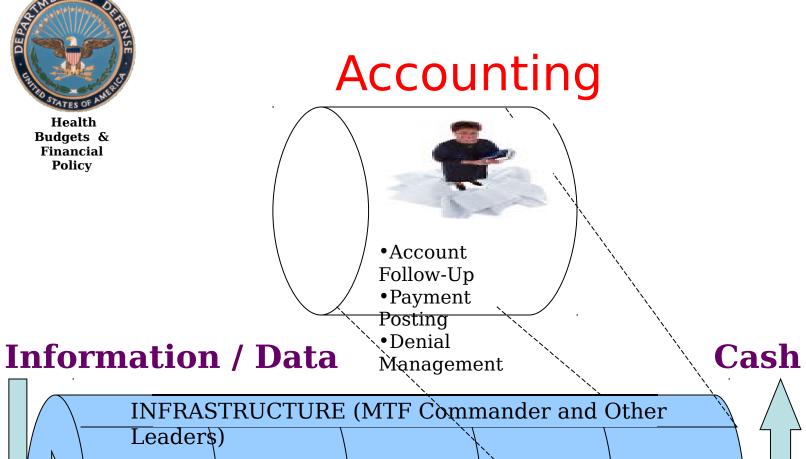


INFORMATION SYSTEMS

er Data



Budgets & Financial Policy



Leaders) Provider Patient Registration Encounte Billing Coding **Accounti** ng r Data INFORMATION SYSTEMS



UBO Success Factors



What are the Focus Points?

- MTF Revenue Cycle
 - Team Effort (not the just the UBO's challenge)
 - Staff Education & Training
 - Electronic Interfaces
- Leadership Involvement
 - Stress the need to complete the OHI forms (DD Form 2569s)
 - Brief them on UBO Performance (e.g., OHI Capture, Billings & Collections for TPCP, MSA & MAC)



Resources



Financial BO Web Page

http://www.tricare.mil/ocfo/mcfs/ubo/ind ex.cfm

 UBO Help Desk ubo.helpdesk@altarum.org 703-575-5385



Resources (con't)



- Defense Health Information
 Management System (DHIMS) Web

 Site
 - http://citpo.ha.osd.mil/
 - formerly CITPO and TMIP
- Defense Health Services Systems (DHSS) Web Site
 - http://health.mil/DHSS/
 - formerly RITPO, DMLSS & EI/DS







TMA UBO Program Manager

TMA Deputy UBO Program Manager